

Idaho's Drug Courts Process Evaluation Findings Part I

FINAL REPORT

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Section I- Introduction

Drug courts have played a growing role in responding to the dramatic increase in drug offenders entering the criminal justice system in the past fifteen years. The recognition that drug abuse is a chronic and relapsing condition that requires intensive treatment has changed how the drug offender is treated in the criminal justice system as well as by the general public. Funding for these drug courts across the country and in Idaho has led to a great expansion of this innovation. The first drug court began in Idaho in 1998 and currently there are 30 drug courts in operation. In 2001, the University of Cincinnati was contracted by the Idaho Supreme Court to provide an evaluation of its drug court efforts. The project consists of three phases. In the first phase, the Kootenai and Ada County Drug Courts were selected for outcome evaluations. The second phase includes a statewide process evaluation detailing how well selected drug courts across the state have been implemented, how effectively they process their cases, and whether they are serving their intended target populations. Finally, the third phase will include a statewide outcome evaluation of selected courts across the state. The evaluation effort is designed to inform the courts and stakeholders of how well drug courts have been implemented and their overall effectiveness. This report illustrates the results of the first part of the phase two process study by providing results of a survey developed in collaboration with the Idaho Supreme court.

Section II- Methods

Participants

This study analyzes survey responses from 17 adult drug courts and 6 juvenile drug courts operating throughout Idaho. These courts are representative of courts across

the state and nation as they offer community based treatment, intensive supervision and court monitoring. This collaborative approach has been found to be effective in several evaluations of drug courts across the country (Brewster, 2001; Goldkamp & Weiland, 1993; Latessa, Listwan, Shaffer, and Lowenkamp, 2001; Peters, Haas, & Murrin, 1999; and Spohn, Piper, Martin, and Frenzel, 2001).

The courts under study, in alphabetical order, include:

Ada County Adult Drug Court. The Ada County Drug Court targets felony possession offenses. First priority is given to offenders without prior felony convictions.

Ada County Juvenile Drug Court. The Ada County Juvenile Drug Court targets individuals 18 and younger; those meeting ASAM criteria for IOP; have no disqualifying offenses; and a desire to be sober

Bannock County Felony and Misdemeanor DUI Drug Court. The Bannock County DUI Drug Court targets Bannock Co. residents only; those with one prior DUI charge, resulting in either a withheld or a conviction, with the exception of a first time DUI with a BAC of .20 or above; those with no more than one prior felony conviction; the current charge must be a drug or alcohol related DUI; the defendant may not have any pending misdemeanor charges or any kind outside of Bannock Co., they may have other pending misdemeanor charges in Bannock Co. only, but no pending felonies; the defendant cannot currently be on any probation or parole; the defendant can have no prior convictions of any sexual offense or violent crimes, including, but not limited to: domestic battery, battery on officer, stalking, injury to child; the program will not accept more than 35 defendants; the defendant must commit to a minimum 12 month program; they may not have been through any previous Drug Courts, in or out of state; the

defendant will not qualify if he/she meets any of the following mental criteria: persons who are openly psychotic, delusional, behaviorally unmanageable, or too toxic to benefit from this type of care, persons who are a danger to themselves, others, or gravely disabled, persons who have a history of violent behavior or threaten violence, persons who are acutely mentally ill; any exceptions to the criteria may be considered on a case by case basis; the defendant will not qualify if he/she has biomedical problems unless they meet the following criteria: is stable and does not require availability of medical/nursing monitoring, is capable or condition is stable enough for the individual to participate in the treatment; and in order to participate, the defendant must take and pass the medical screening, the mental health screening, and the drug treatment screening.

Bannock County Juvenile Justice Drug Court. The Bannock County Juvenile Drug Court targets the most serious abusers with either a new drug charge or dirty urinalysis result.

Benewah County Adult Drug Court. The Benewah County Adult Drug Court targets first felony offense drug related charges.

Bingham County Adult Felony and Misdemeanor Drug Court. The Bingham County Adult Drug Court targets those with an alcohol/drug problem for which treatment attempts have been unsuccessful; those with a minimum LSI score of 17; and those with a minimum TCI score of 3.

Bonner County Adult Drug Court. The Bonner County Adult Drug Court targets persons charged with felony drug offenses other than offenses that have mandatory minimum sentences such as trafficking; persons charged with felony driving while intoxicated; persons charged with a second offense of driving while intoxicated; persons

on probation who violate probation by substance abuse and who are referred to the Drug Court by the sentencing judge; offenders who are determined to be a drug or alcohol dependent person or in danger of becoming drug or alcohol dependent and would benefit from treatment and or education; those who have current and/or past criminal behavior that is drug driven. Priority consideration is given to: pregnant addicts, including offenders who are charged with crimes which are drug related or drug induced; addicts who do not have a lengthy history of opiate addiction; addicts who do not appear to require medical detoxification or residential treatment services.

Bonneville County Adult Misdemeanor Drug Court. The Bonneville County Adult Misdemeanor Drug Court targets those with an alcohol or drug related arrest(s) and are identified as having an alcohol/drug problem for which treatment attempts have been unsuccessful.

Bonneville County Adult Felony Drug Court. The Bonneville County Adult Felony Drug Court targets those with an alcohol or drug related arrest(s) and are identified as having an alcohol/drug problem for which treatment attempts have been unsuccessful.

Bonneville County Juvenile Drug Court. The Bonneville County Juvenile Drug Court targets those 13-17 years of age; with either misdemeanor or felony charges; no prior sex offenses and is a non-violent offender as defined by Federal Statute; a history of substance abuse with moderate to heavy substance abuse, for which two previous intervention attempts have been unsuccessful; and are able to physically participate in intervention activities.

Canyon County Adult Drug Court. The Canyon County Drug Court targets adult felony-PCS or drug related felony offense; and generally first time felony offenders.

District 2 Adult Drug Court (Clearwater, Latah, Idaho, Nez Perce Counties). The District 2 Drug Court targets adults charged with drug-related crime, or where there is significant relationship between use of drugs and crime before the court.

Jefferson County Juvenile Drug Court. The Jefferson County Juvenile Drug Court targets those 13-17 years of age; with a misdemeanor or felony charges; able to physically participate in intervention; and have a history of substance abuse.

Jerome County Adult Drug Court. The Jerome County Drug Court targets felony drug or DUI offenders throughout Fifth Judicial District who have a felony drug case or felony DUI case pending; do not have significant prior criminal records; have not been previously convicted of serious drug offense; who are eligible for the Fifth Judicial District Drug court are those who score an 18 or higher on the LSI for criminogenic risk category; those who meet the treatment provider's substance abuse assessment criteria and those who are residents of Fifth Judicial District

Kootenai County Adult DUI Court. The Kootenai County DUI Court targets County residents; those with a current DUI charge that is a 2nd offense within 5 years(1 prior conviction within 5 years), or must be an Excessive BAC (.20 or above) DUI. (Felony DUI's are not considered).

Kootenai County Adult Drug Court. The Kootenai County Drug Court targets individuals charged in District Court with Possession of Schedule I, II, or III Controlled Substances, Forged Prescription, some possession with intent to sell, and some property crimes.

Kootenai County Juvenile Education and Treatment Court. The Kootenai County Education and Treatment Court targets non-violent drug-involved youth and their families to increase public safety and reduce substance abuse through a collaboration of legal, educational, therapeutic and community groups. The Juvenile Education and Treatment Court is an education and substance abuse treatment program serving youth between the ages of 12 and 18 who are currently involved in the juvenile justice system. The program lasts an average of 12 months with three months of aftercare. The program does not accept those with a prior felony act, sex offense, those under the age of 13. The participant must be on community supervision and have a history of alcohol or drug abuse and a current drug abuse problem.

Mini-Cassia Juvenile Drug Court. The Mini-Cassia Juvenile Drug Court targets individuals 13-17 years of age, with no violent offender convictions or sexual offenses

Oneida County Misdemeanor Adult DUI/Drug Court. The Oneida County DUI/Drug Court targets Oneida County residents; those with only one prior felony conviction; those with a current charge that is drug or alcohol related; defendant may not have any pending misdemeanor or felony charges of any kind outside of Oneida County; they may have other pending misdemeanor charges in Oneida County only, but no pending felonies; defendant can have no prior conviction of any sexual offense or violent crime except for misdemeanor domestic assault or misdemeanor domestic battery; the program will not accept more than 10 defendants; defendant must commit to a minimum 12 month program; participants may not have been through any previous Drug Courts, in or out of state; defendant must be mentally and physically capable of participation and completion of the Drug Court Program; the defendant must submit to LSI-R assessment,

drug and alcohol abuse assessment, and any appropriate mental and/or physical health screening the Drug Court may require (Exceptions to the criteria may be considered on a case by case basis); and all eligibility determinations are subject to approval by the Oneida County Prosecutor.

Power County Adult DUI Drug Court. The Power County DUI Drug Court targets individuals with an alcohol-drug related arrest; legal resident of the U.S.; and those with an identified alcohol/drug problem.

Teton County Misdemeanor Adult Drug Court. The Teton County Misdemeanor Drug Court targets those with an alcohol or drug related arrests and are identified as having an alcohol/drug problem for which treatment attempts have been unsuccessful.

7th District Misdemeanor Adult Drug Court (Fremont, Jefferson, Madison). The 7th District Misdemeanor Drug Court targets those with an alcohol or drug related arrests and are identified as having an alcohol/drug problem for which treatment attempts have been unsuccessful

7th District Felony Adult Drug Court (Fremont, Jefferson, Madison). The 7th District Felony Drug Court targets those with an alcohol or drug related arrests and are identified as having an alcohol/drug problem for which treatment attempts have been unsuccessful

Survey Description

The survey covers several areas. First, the background characteristics of the court were detailed. This included but is not limited to, the start date, graduation rate, court structure (pre or post plea/adjudication) and court coordinator characteristics. Second, courts were asked to provide information pertaining to assessments currently in use and

the adequacy of the current process. Third, the courts use of eligibility and exclusionary criteria were detailed and they were asked to rate how well the court adhered to the criteria in question. Fourth, courts were asked to provide court details including the length of time successful and unsuccessful participants remained in the program and whether the program offered aftercare. The courts were also asked to discuss their use of rewards and consequences and rate their adequacy. Fifth, the courts were asked to identify their systems of monitoring and their satisfaction with the process. Sixth, courts provide information on whether any negative changes occurred that jeopardized the court process, the level of support of the team, satisfaction with the level of cooperation, and how well the team worked together. Finally, the courts were asked a number of open ended questions pertaining to their needs.

The results of the survey are portrayed in two ways. The first section illustrates the data by court. The second section details the data by court type (e.g., adult vs. juvenile). To preserve anonymity and illustrate important distinctions between courts, the tables in the second section do not identify specific courts. Finally, the last section details results of the open-ended questions. Answers are shown verbatim as recorded on the surveys. A copy of the survey can be found in Appendix A.

Data Collection

A survey, developed in collaboration with the Supreme Court, was disseminated to courts in June of 2003. The courts under study completed the surveys between July and October. In most cases, the survey was sent to the court coordinator. The coordinator was asked to consult other team members when filling out the survey. The survey was

then returned to Norma Jaeger at the Idaho Supreme Court and finally to Shelley Listwan for analysis.

Section III- Court Descriptions

Background Characteristics. Table 1 illustrates the background characteristics of the courts under study. Specifically, the courts were asked to provide a date at which the programs began accepting clients. The courts under study have been in existence for differing lengths of time with the youngest less than a year old and the oldest more than 5 years old. As can be seen by Table 1, Kootenai County Adult Drug court began accepting clients in the October 1998, followed by the Ada County Adult Drug Court in January 1999. Four courts began accepting clients in 2000 (e.g., Bonneville Misdemeanor, Teton Misdemeanor, and 7th District Misdemeanor and 7th District Felony) and seven courts began accepting clients in 2001 (e.g., Bannock Juvenile, Bonner Adult, Bonneville Felony, Jerome Adult, Kootenai DUI, Mini-Cassia Juvenile, and Power DUI). Finally, seven courts began accepting clients in 2002 (e.g., Ada Juvenile, Bannock DUI, Bannock Felony, Canyon Adult, District 2, and Kootenai Juvenile) and one in 2003 (e.g., Oneida Misdemeanor/DUI).

With some exception, the courts that have been in existence longer have served a greater number of clients. Ada County Adult Drug court has served the highest number of clients with 454 total and 123 current. Ada County is also located in a more populated area. The next closest court, Kootenai County Adult Drug court, has served 213 with 38 current clients. Booneville Misdemeanor, Jerome, and Bannock Juvenile have all served over 100 cases since their inception. The remaining courts have all served fewer than 100 clients with a mean value of 43.5 (median = 39).

Table 1

County/Court	Date Court Began	Total # of Participants	Current # of Participants	Total # of Graduates	% of graduates¹	% entered in ISTARs	Court Type: Post Plea/ Pre Sentence	Court Type: Post Plea/ Post Sentence	Court Type: Pre Plea/ Diversion	Court Type: Mixed Post/Pre
Ada	01/99	454	123	117	35.3	0				X
Ada Juvenile	04/02	34	27	2	28.5	0	X			
Bannock DUI	01/02	28	18	7	70.0	26	X			
Bannock Felony	01/02	39	30	0	--	26	X			
Bannock Juvenile	03/01	103	32	2	2.8	60		X		
Benewah	04/01	47	27	12	60.0	0				X
Bingham	03/00	83	32	27	52.9	0				X
Bonner	01/01	43	25	13	72.2	0				X
Bonneville Misd	04/00	123	35	49	55.7	70		X		
Bonneville Felony	07/01	43	28	7	46.6	0		X		
Bonneville Juvenile		27	18	6	77.7	0		X		
Canyon	01/02	71	41	11	36.6	75		X		
District 2	01/02	51	37	2	14.3	0				X
Jefferson Juvenile	06/02	10	5	1	20	0		X		
Jerome	12/01	118	48	23	32.9	65	X			
Kootenai DUI	02/01	94	38	41	73.2	43			X	
Kootenai	10/98	213	38	68	38.9	100				X
Kootenai Juvenile	11/02	24	20	0	--	100	X			
Mini-Cassia Juvi	09/01	39	13	15	57.7	100				X
Oneida Misd/DUI	01/03	8	8	0	--	0	X			
Power DUI	12/01	52	15	17	45.9	0	X			
Teton Misd	09/00	15	5	6	60.0	54		X		
7 th Dist Misd	02/00	61	16	14	31.1	54		X		
7 th Dist Felony	03/00	38	16	6	27.2	54		X		

While a few of the courts have not been in existence long enough to see graduates of the program, the majority have graduated clients from their programs. A graduation rate was calculated to determine what percentage of those participating in the program graduated. As seen in Table 1, Bannock Felony, Bonner, Bonneville Juvenile, and Kootenai DUI graduate 70 percent or more of the eligible participants. This is followed by Benewah, Bingham, Bonneville Misdemeanor, Mini-Cassia Juvenile and Teton

Box 1.1
Graduation Criteria

Drug/alcohol free
Attend all treatment
sessions
Pay all fees & fines
Employed or
employable
12-step meeting
attendance
Attend victim impact
panel

Misdemeanor who graduate over 50 percent of eligible participants. Overall, the mean is 47 percent. Graduation criteria are summarized above in Box 1.1.

Unfortunately, many of the courts under study are not using the ISTARS system to input

data. Only 13 of the courts reported using ISTARS with only four courts reporting that they have 75% or more of their past and current cases entered into the system. We are optimistic that more courts will begin using this system in the coming months. Finally, Table 1 also reports the court structure. There is an equal split between types of courts processing used (e.g., post plea pre-sentence, post plea post-sentence, pre

Assessment Information. Table 2 illustrates the assessment tools

currently used. plea diversion, and a mixture of post plea, pre plea & pre-sentence, post sentence). All of the courts under study indicate that they do use assessment tool(s). Of all of the courts surveyed, only Ada Juvenile, Jefferson Juvenile, and Kootenai DUI do not use the Level of Service Inventory-Revised (LSI) with participants. It is unclear whether Ada and Jefferson utilize the juvenile version of this scale.

Box 1.2

Other Assessments
DSM IV
MK Place
JASAE
DAST
DC CMS
Carlson
Survey
Beck
Depression
FFT
Assessment

There are a variety of substance abuse tools used by courts. Specifically, Bannock DUI, Bannock Felony, Teton Misdemeanor and both 7th district courts use the Addiction Severity Index (ASI). A majority of the courts utilize both the Substance Abuse Subtle Screening Inventory (SASSI) and ASAM criteria.

¹ The rate was calculated by taking total participants minus current participants divided by graduates

Table 2

County/Court	Use of Assessments	Assessment: LSI	Assessment: ASI	Assessment: SASSI	Assessment: ASAM	Assessment: TCU Drug	Assessment: MAST	Assessment: Socrates	Assessment: MMPI	Assessment: Other
Ada	X	X		X	X					X
Ada Juvenile	X			X	X			X	X	
Bannock DUI	X	X	X	X	X			X		X
Bannock Felony	X	X	X	X	X			X		X
Bannock Juvenile	X			X	X					X
Benewah	X	X								
Bingham	X	X			X	X				
Bonner	X	X		X			X			X
Bonneville Misd	X	X			X				X	X
Bonneville Felony	X	X			X				X	X
Bonneville Juvenile	X	X								X
Canyon	X	X		X	X	X	X	X		X
District 2	X	X		X	X		X			X
Jefferson Juvenile	X			X						X
Jerome	X	X								X
Kootenai DUI	X			X			X			X
Kootenai	X	X		X	X					X
Kootenai Juvenile	X									X
Mini- Cassia Juvi	X	X		X			X			X
Oneida Misd/DUI	X	X		X	X					
Power DUI	X	X		X						
Teton Misd	X	X	X	X	X	X				
7 th Dist Misd	X	X	X	X	X	X				
7 th Dist Felony	X	X	X	X	X	X				

Bonner, Canyon, Teton Misdemeanor, and both 7th district courts use the TCU (Texas

Christian University) drug scale. Several courts also list the Michigan Alcoholism

Screening Test (MAST), the Socrates, and the Minnesota Multiphasic Personality

Inventory (MMPI) as assessment tools currently in use. Box 1.2 illustrates the variety of

‘other’ assessment instruments in use.

Exclusions. Courts were also asked whether they used exclusionary criteria.

Data in Table 3 indicates that all of the courts under study utilized exclusions. The

majority excludes offenders for violence, with the exception of Bannock Juvenile and Power DUI.

Seventeen of the courts report that sex offenders (either current or past) are excluded. Fewer courts cited mental illness (current or past) as an exclusion criteria. Specifically, Bannock DUI, Bannock Felony, Bonneville Misdemeanor, Bonneville Felony, Kootenai

DUI, Kootenai

Juvenile, Oneida

Misdemeanor/DUI,

Power DUI, Teton

Misdemeanor, and

both 7th district

courts. Other

exclusions listed

included: age,

residence,

willingness to

participate, prior

drug court

participation,

minimum time left

Table 3					
County/Court	Use of Exclusions	Exclusion: Violence	Exclusion: Sex Offense	Exclusion: Mental Illness	Exclusion: Other
Ada	X	X			X
Ada Juvenile	X	X	X		X
Bannock DUI	X	X	X	X	X
Bannock Felony	X	X	X	X	X
Bannock Juvenile	X				X
Benewah	X	X			X
Bingham	X	X	X		X
Bonner	X	X	X		X
Bonneville Misd	X	X		X	X
Bonneville Felony	X	X		X	X
Bonneville Juvenile	X	X			X
Canyon	X	X	X		X
District 2	X	X	X		X
Jefferson Juvenile	X	X	X		X
Jerome	X	X	X		X
Kootenai DUI	X	X	X	X	X
Kootenai	X	X	X		X
Kootenai Juvenile	X	X	X	X	X
Mini-Cassia Juvi	X	X	X		
Oneida Misd/DUI	X	X	X	X	X
Power DUI	X			X	
Teton Misd	X	X	X	X	
7 th Dist Misd	X	X	X	X	
7 th Dist Felony	X	X	X	X	

on sentence, traffickers, failure to cooperate, multiple felony record.

Court Details. Table 4 reports the various components of the drug court programs. Courts were asked to calculate the average time spent by successful and unsuccessful participants and to also report the range of time spent in the program by each.

With regard to successful participants, nine of the courts list one year as the

Table 4

County/Court	Avg. # Mo For Successful Participants	Range of Time	Avg. # Mo for Unsuccessful Participants	Range of Time	Rewards	Consequences	Reward or Punish²	Clear Outline	Graduated
Ada	16	16-30	3	0-23	X	X	R		X
Ada Juvenile	12	12	14	13-14	X	X	B	X	X
Bannock DUI	15	12-18		6-11	X	X	B	X	X
Bannock Felony	15	12-18		6-11	X	X	B	X	X
Bannock Juvenile	12	7.5-24			X	X	R	X	X
Benewah	12	12-38	14	12-36	X	X	B	X	X
Bingham	15	15	3	3-5	X	X	R	X	X
Bonner	12	12-15	4	1-10	X	X	R		X
Bonneville Misd	16	11-24	5		X	X	R	X	X
Bonneville Felony	17	14-23	9		X	X	R	X	X
Bonneville Juvenile	14	12-18	8	3-12	X	X	R	X	X
Canyon	11	10-17	6	2-9	X	X	R		X
District 2	15	12-18	3	1-9	X	X	P		X
Jefferson Juvenile	13	12-13	20	20-24		X	B		X
Jerome	18	12-24	7	1-18	X	X	R		X
Kootenai DUI	12	18	7	18	X	X	B		X
Kootenai	12	12-16	3	1-10	X	X	P		X
Kootenai Juvenile	12	12	2	1-8	X	X	B	X	X
Mini-Cassia Juvi	12	10-12	15	15-24	X	X	B	X	X
Oneida Misd/DUI	12				X	X	B	X	X
Power DUI	17	16-18	6	6-8	X	X	B	X	X
Teton Misd	14	12-16	2	1-3	X	X	P		X
7 th Dist Misd	14	12-16	4	3-5	X	X	P		X
7 th Dist Felony	14	12-16	2	1-4	X	X	P		X

average amount of time, followed by four courts listing 14 months, and three listing 15. The remaining courts listed anywhere between 11 and 18 months. The range

listed for successful participants is a bit more varied. However, the majority of the courts list between 12 and 24 months.

Box 1.3

Termination Criteria

- New disqualifying offense
- Violence toward self or others
- Continuous drug usage
- Continuous treatment non-compliance
- Lack of progress in treatment
- Behavior is deemed detrimental to other participants
- Lack of motivation

With regard to unsuccessful participants, the range of time is much lower leading us to believe that those who drop out of the program do so fairly quickly. For example, although Ada County Adult Drug Court gives a range of 0-23 months for those who

do not complete the program, they list an average amount of time spent in the program as three months. This seems to indicate that while there are some participants who remain in the program for longer periods of time, many drop out very quickly. Related, many of the courts listed their averages as under a year. Termination criteria used by the courts are listed in Box 1.3

Courts were asked whether they used rewards and consequences and which they used more frequently. The vast majority of the courts, with the exception of Jefferson Juvenile, indicate they use rewards; and all of the courts indicate they use consequences.

The courts also reported whether they used consequences or rewards more frequently or whether they use them both equally. Ada Adult, Bannock Juvenile, Bingham, Bonner, all three Bonneville

Box 1.4

Examples of Rewards

- Candy
- Magnets
- Store Coupons/Gift
- Certificates
- Gas Coupons
- Restaurant Coupons/Gift
- Certificates
- DVD/Movies
- Reduction in Fines/Fees
- Verbal Praise
- Curfew Change
- Picnics

² R: rewards more frequently, P: Punishers more frequently

courts, Canyon, and Jerome list rewards as utilized more frequently. District 2, Kootenai, Teton Misdemeanor, and both 7th district courts list consequences as used more frequently. Finally, Ada Juvenile, Bannock DUI, Bannock Felony, Benewah, Jefferson Juvenile, Kootenai DUI, Mini-Cassia Juvenile, Oneida Misdemeanor/DUI, and Power DUI indicated that they use both rewards and consequences equally. Examples of rewards and are listed in the box 1.4.

Finally, the courts were asked to report whether they have a clear outline of sanctions and rewards related to behavior and whether the sanctions and rewards were progressively more intense or graduated. While all of the courts indicated that they utilize a variety of sanctions and rewards that are graduated or progressively more intense, only about half of the courts feel there is a clear outline of these sanctions and rewards.

Court Components. The survey asked the courts to identify which formal checks are in place to monitor participant's activities while not in the treatment setting. Table 5 indicates that all of the courts utilize random drug testing during the week and, with the exception of one court, testing on the weekends.

Over half of the courts indicated they use random phone calls to check on participant's behavior, and all but one court indicated that they utilize home visits. A clear majority of the courts utilize sign-in sheets at required activities and regular contacts with the probation officer in the office. All of the courts indicated that probation officer's visit participants in their homes.

Table 5

County/Court	Random drug testing week	Random drug testing weekend	Random Phone Calls	Home Visits	Sign-In Sheets	Regular contacts with P.O.	Contacts by PO home/ work	Electronic Monitoring	Checks with Employer	Graduation Ceremony	Graduation Awards
Ada	X	X		X	X		X			X	X
Ada Juvenile	X	X	X	X	X	X	X	X	X	X	X
Bannock DUI	X	X		X	X	X	X		X	X	X
Bannock Felony	X	X		X	X	X	X		X	X	X
Bannock Juvenile	X	X	X	X		X	X	X		X	X
Benewah	X	X	X	X	X	X	X		X	X	X
Bingham	X	X	X	X	X	X	X	X	X	X	X
Bonner	X	X		X	X	X	X		X	X	X
Bonneville Misd	X	X	X	X	X	X	X	X	X	X	X
Bonneville Felony	X	X	X	X	X	X	X	X	X	X	X
Bonneville Juvenile	X	X	X	X		X	X	X		X	X
Canyon	X	X		X	X	X	X			X	X
District 2	X	X		X	X	X	X	X	X	X	X
Jefferson Juvenile	X	X	X	X	X	X	X	X	X	X	X
Jerome	X	X					X			X	X
Kootenai DUI	X		X	X	X	X	X			X	X
Kootenai	X	X		X	X	X	X	X	X	X	X
Kootenai Juvenile	X	X	X	X	X	X	X			X	X
Mini-Cassia Juvi	X	X		X	X		X	X		X	X
Oneida Misd/DUI	X	X	X	X	X	X	X			X	X
Power DUI	X	X	X	X	X	X	X		X	X	X
Teton Misd	X	X	X	X	X	X	X		X	X	X
7 th Dist Misd	X	X	X	X	X	X	X		X	X	X
7 th Dist Felony	X	X	X	X	X	X	X		X	X	X

Fewer than half of the courts indicated that they

use electronic monitoring and 15 of the courts

indicated they have regular contact with

employers.

All of the courts indicated that they hold graduation ceremonies and present awards to

Box 1.5

Graduation Awards

Dismissal of charges
 Certificates
 Reduction in fines/fees
 Plaques
 Candy
 Movie tickets
 Gift cards
 Cake/Pizza
 Before & After pictures
 T-Shirt with DC logo
 Inscribed Watch
 Key Chains

graduates. Graduation awards are listed in Box 1.5

Section IV - Description by Court Type

All of the courts were divided into adult (felony, misdemeanor, DUI,) and juvenile categories in an effort to describe and compare the various issues and concerns facing the courts. The data presented here do not do not identify courts by name rather courts within groups (e.g., adult vs. juvenile).

Coordinator Characteristics. Coordinators were asked several questions related to their occupation, education, and experience. Table 6 displays this information by court type. Overall, the coordinators in the felony courts have been in their current position approximately 5.5 years followed by 2 years for misdemeanor courts, 4.5 years for DUI courts, and 4 years for juvenile courts. Average months as coordinator differ for some of the courts. Specifically, coordinators in the felony courts have been in their current position for roughly 2.5 years, followed by 2 years for both misdemeanor groups and 1.5 years for the juvenile courts. This difference is partly reflected in the fact that many of the drug courts have only been in existence for a couple of years.

With regard to education, a majority of the coordinators within the felony courts have earned a BS/BA in a helping profession. Similar findings emerge between misdemeanor and DUI court coordinators. Approximately 75 percent and 67 percent respectively have a baccalaureate degree in a helping profession. The results among juvenile coordinators indicate that 33 percent have earned an Associate or Baccalaureate degree, however, 67 percent report taking college courses. Finally, the vast majority in

Table 6. Frequency and percentage distribution of coordinator characteristics by adult and juvenile courts.

Characteristic	Felony		Misd.		DUI		Juvenile	
	N	%	N	%	N	%	N	%
Avg. Months in Current Position	66.6		24.0		54.0		46.7	
Avg. Months as Coordinator	30.8		24.0		25.7		15.7	
Education								
High School	1	10.0	0	0.0	0	0.0	0	0.0
Some College	0	0.0	1	25.0	1	33.3	4	66.7
Associates	1	10.0	0	0.0	0	0.0	1	16.7
BA/BS	8	80.0	3	75.0	2	66.7	1	16.7
Field of Degree								
Criminal Justice	2	22.2	1	25.0	1	50.0	1	33.3
Social Work	2	22.2	2	50.0	0	0.0	1	33.3
Counseling	1	11.1	0	0.0	0	0.0	0	0.0
Psychology	2	22.2	0	0.0	0	0.0	0	0.0
Education	1	11.1	0	0.0	0	0.0	0	0.0
Other	1	11.1	1	25.0	1	50.0	1	33.3
Prior Experience								
Yes	9	90.0	3	75.0	1	33.3	5	83.3

the felony, misdemeanor and juvenile groups indicated that they have prior experience working for another program dealing with offenders.

Process Factors. Courts were asked a variety of questions related to the assessment process, sanctions and rewards, and the funding and services available. All of the adult courts indicated that the majority of clients in their programs were assessed with a risk and need tool. Fifty percent of the juvenile courts reported the use of a risk/need tool. This is congruent with the finding in the previous section pertaining to the courts' use of the LSI. When asked whether the participants were being reassessed

Table 7. Frequency and percentage distribution of assessment results by adult and juvenile courts.

Characteristic	Felony		Misd.		DUI		Juvenile	
	N	%	N	%	N	%	N	%
Assessed with risk/need tool								
<25%	1	10.0	1	25.0	0	0.0	1	16.7
26-50%	0	0.0	1	16.7	0	0.0	0	0.0
51-75%	0	0.0	0	0.0	0	0.0	0	0.0
>76%	9	90.0	3	75.0	2	100.0	3	50.0
Do not know	0	0.0	0	0.0	0	0.0	1	16.7
Reassessed with risk/need tool								
<25%	5	55.6	1	25.0	2	100.0	3	50.0
26-50%	1	11.1	0	0.0	0	0.0	0	0.0
51-75%	0	0.0	0	0.0	0	0.0	0	0.0
>76%	3	33.3	3	75.0	0	0.0	1	16.7
Do not know	0	0.0	0	0.0	0	0.0	2	33.3
Adequate assessment								
Very inadequate	0	0.0	0	0.0	0	0.0	1	16.7
Inadequate	0	0.0	1	25.0	0	0.0	1	16.7
Neutral	1	10.0	2	50.0	1	33.3	1	16.7
Adequate	8	80.0	1	25.0	2	66.7	3	50.0
Very adequate	1	10.0	0	0.0	0	0.0	0	0.0
Eligibility adherence								
Completely	5	50.0	1	25.0	1	33.3	3	50.0
Mostly	5	50.0	3	75.0	1	33.3	3	50.0
Somewhat	0	0.0	0	0.0	1	33.3	0	0.0
Exclusionary adherence								
Completely	7	70.0	0	0.0	1	33.3	4	66.7
Mostly	3	30.0	4	100.0	2	66.7	1	16.7
Somewhat	0	0.0	0	0.0	0	0.0	1	16.7

with a risk/need tool, fewer courts are utilizing the LSI as it is intended. Specifically, 56 percent of the felony courts, 100 percent of the DUI courts, and 50 percent of the juvenile courts indicated that reassess less than 25 percent of participants to determine change in criminogenic risk/needs before they leave the program. The misdemeanor courts appear

to be the exception, with 75 percent indicating that they reassess better than three-fourths of their participants.

When asked whether the assessment process is adequate, there are some discrepancies between courts. Specifically, while 90 percent of the felony drug courts responded that the system was either adequate or very adequate, 75 percent of the misdemeanor courts rated their system as either neutral or inadequate. Somewhat more positive was the rating given by misdemeanor and juvenile courts, with 67 percent and 50 percent rating their system as adequate. Courts were asked to note why they felt the system was inadequate. The court indicated that training is needed on the youthful version of the LSI and one court noted that probation conducts the assessment and it is often not updated when the client enters the drug court program.

Courts were also asked how well the system adheres to the eligibility and exclusionary criteria. Table 7 shows that the majority in all groups adhere eligibility criteria either most of the time or completely. One notable exception can be found with the DUI courts, one court indicated that they follow eligibility criteria somewhat. With some exception, a similar finding emerges with regard to the exclusionary criteria. One juvenile court, however, did report that exclusions are adhered to only somewhat.

The adequacy of the rewards and consequences used by the program and the system of monitoring was also indicated by respondents. Seventy percent of the felony courts, 75 percent of the misdemeanor courts, 100 percent of the DUI courts, and 67 percent of the juvenile courts felt their system of consequences are adequate; the remaining courts were neutral. Courts are also pleased with their system of monitoring. Eighty percent of the felony courts, 100 percent of the misdemeanor courts, 67 percent of

Table 8. Frequency and percentage distribution of rewards and consequences by adult and juvenile courts.

Characteristic	Felony		Misd.		DUI		Juvenile	
	N	%	N	%	N	%	N	%
Are consequences adequate								
Inadequate	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	3	30.0	1	25.0	0	0.0	2	33.3
Adequate	7	70.0	3	75.0	3	100.0	2	33.3
Very adequate	0	0.0	0	0.0	0	0.0	2	33.3
Are rewards adequate								
Inadequate	0	0.0	0	0.0	0	0.0	1	20.0
Neutral	4	40.0	1	25.0	1	33.3	0	0.0
Adequate	6	60.0	2	50.0	2	66.7	3	60.0
Very adequate	0	0.0	1	25.0	0	0.0	1	20.0
Are systems of monitoring adequate								
Inadequate	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	3	30.0	0	0.0	1	33.3	0	0.0
Adequate	5	50.0	2	50.0	2	66.7	3	50.0
Very adequate	2	20.0	2	50.0	0	0.0	3	50.0

the DUI courts, and 100 percent of the juvenile courts were adequate or very adequate.

Finally, when asked to rate their system of rewards, the majority in both groups felt the rewards were at least adequate. It should be noted that one court, however, did indicate that the system was inadequate and a higher percentage rated their rewards as neutral.

Several courts did indicate that they would like to increase the number and type of rewards currently in use.

Finally, courts were asked to rate their funding and the treatment services available. Table 9 illustrates the findings. With regard to funding, 45 percent of the felony courts reported that their funding was adequate or very adequate. However, 75

percent of the misdemeanor courts and 67 percent of the DUI courts felt their funding

Table 9. Frequency and percentage distribution of funding and treatment by adult and juvenile courts.

Characteristic	Felony		Misd.		DUI		Juvenile	
	N	%	N	%	N	%	N	%
Adequacy of Funding								
Very adequate	2	22.2	0	0.0	1	33.3	0	0.0
Inadequate	1	11.1	3	75.0	1	33.3	1	16.7
Neutral	2	22.2	0	0.0	0	0.0	2	33.3
Adequate	1	11.1	0	0.0	1	33.3	1	16.7
Very adequate	3	33.3	1	25.0	0	0.0	2	33.3
Funding Security								
Very insecure	3	30.0	3	75.0	0	0.0	2	33.3
Not secure	1	10.0	0	0.0	0	0.0	1	16.7
Neutral	4	40.0	0	0.0	2	66.7	0	0.0
Secure	2	20.0	1	25.0	1	33.3	2	33.3
Very Secure	0	0.0	0	0.0	0	0.0	1	16.7
Rating of Overall Treatment								
Very poor	0	0.0	0	0.0	0	0.0	1	33.3
Poor	0	0.0	0	0.0	0	0.0	0	0.0
Fair	3	33.3	0	0.0	1	33.3	1	16.7
Good	5	55.6	4	100.0	1	33.3	4	66.7
Very good	1	11.1	0	0.0	0	0.0	1	16.7
Rating of Current Treatment								
Very poor	0	0.0	0	0.0	0	0.0	2	33.3
Poor	1	11.1	0	0.0	1	33.3	1	16.7
Fair	4	44.4	3	75.0	2	66.7	3	50.0
Good	3	33.3	1	25.0	0	0.0	0	0.0
Very good	1	11.1	0	0.0	0	0.0	0	0.0

was inadequate or very inadequate. The juvenile courts were more mixed with 50 feeling the funding was neutral to inadequate. When asked whether they believe the current funding is secure, 40 percent of the felony courts, 75 percent of the misdemeanor courts, and 50 percent of the juvenile courts rating the funding level as not secure or very

insecure. The DUI courts felt more confident in this regard with 100 percent rated as either neutral or secure.

With regard to treatment, courts were asked rate the treatment services in their area. First, the courts were asked to rate the treatment programs available overall in the county. Sixty-seven percent of the felony courts, 100 percent of the misdemeanor courts, and 67 percent of the juvenile courts rated the overall treatment as either good or very good. The DUI courts, however, were less positive as 67 percent rating the program as fair. One juvenile court did rate the available treatment as very poor. The courts were also asked to rate the treatment current programs available to the drug court participants.

Interestingly, 44 percent of the felony courts, percent of the misdemeanor courts, 67 percent the DUI courts, and 50 percent of the juvenile courts rate the services as fair. Moreover, several of the courts across the board rate the

Box 1.6

Treatment Concerns

Funding for gender
based treatment
Staff
More Intensive
Outpatient Options
More services for
women & Children
Increase accountability
and consistency
Increase in staff
training
Increase family support
Reduce attrition
Reduce waiting lists

75
of

treatment programs as either poor or very poor. Box 1.6 illustrates some of the problems cited by courts.

Changes, Support, and Cooperation. The courts were asked to report whether there have been any changes that have disruptive or jeopardized the smooth functioning of the program. The areas in question were processes, funding, treatment services, and community support.

Table 10. Frequency and percentage distribution of negative changes by adult and juvenile courts.

Characteristic	Felony		Misd.		DUI		Juvenile	
	N	%	N	%	N	%	N	%
Negative Changes in the areas of								
Court Process								
None	6	60.0	3	75.0	0	0.0	4	66.7
Few	2	20.0	0	0.0	1	33.3	0	0.0
Some	1	10.0	0	0.0	3	66.7	1	16.7
Several	0	0.0	1	25.0	0	0.0	1	16.7
Many	1	10.0	0	0.0	0	0.0	0	0.0
Funding								
None	5	50.0	2	50.0	1	33.3	5	83.3
Few	1	10.0	0	0.0	1	33.3	1	16.7
Some	2	20.0	0	0.0	1	33.3	1	16.7
Several	2	20.0	2	50.0	0	0.0	0	0.0
Many	0	0.0	0	0.0	0	0.0	0	0.0
Treatment Services								
None	5	20.0	3	75.0	2	66.7	4	66.7
Few	2	20.0	0	0.0	0	0.0	0	0.0
Some	1	10.0	0	0.0	0	0.0	1	16.7
Several	0	0.0	1	25.0	1	33.3	1	16.7
Many	2	20.0	0	0.0	0	0.0	0	0.0
Community Support								
None	7	70.0	3	75.0	2	66.7	3	50.0
Few	2	20.0	0	0.0	1	33.3	2	33.3
Some	0	0.0	0	0.0	0	0.0	1	16.7
Several	1	10.0	1	25.0	0	0.0	0	0.0
Many	0	0.0	0	0.0	0	0.0	0	0.0

Very few courts note significant problems in any of the areas.

Approximately one court from each group indicated that there have been many or several changes to the court process.

Box: 1.7

Negative Changes Cited:

Funding for admin assistant cut
Treatment service cuts
Treatment program went out of business
Forced to use only one provider
Treatment staff attrition
Diminishing community resources
Changed treatment provider
Changed drug testing provider
Funding for treatment

However, funding remains significant issue for most of the courts with 40 percent of the felony courts, 50 percent of the misdemeanor courts, and 33 percent of the DUI courts indicating that there have been several changes in the area of funding that have jeopardized the smooth functioning of the drug court program. It is also worth noting that a few courts did indicate that there have been several changes in the areas of treatment services and community support, however, no clear pattern emerged from any of the groups. Box 1.7 illustrates some of these problems cited by the courts.

Courts were also asked to rate how supportive the drug court team members are of the treatment efforts provided by the drug court (e.g., the values and goals of the program). Table 11 illustrates the results. Without exception, all of the courts felt the judge was supportive of the treatment efforts provided by the court. Slightly different opinions were expressed about the prosecutor. Thirty three percent of the felony courts, 75 percent of the misdemeanor courts, and 20 percent of the juvenile courts felt the prosecutor(s) was unsupportive. However, with the exception of the misdemeanor courts, the majority in the remaining three groups gave prosecutors a positive rating. The DUI and juvenile courts gave the public defenders a positive rating with 67 percent and 80 percent respectively seen as very supportive. With some variation, both the probation department and treatment providers were seen as supportive. With regard to community support, most felt the community was supportive or cited they seemed neutral about the services being provided by the drug court. One DUI court, however, did note that the community was unsupportive of the program.

Table 11. Frequency and percentage distribution of levels of support by adult and juvenile courts.

Characteristic	Felony		Misd.		DUI		Juvenile	
	N	%	N	%	N	%	N	%
Level of Support From								
Judge								
Unsupportive	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	0	0.0	0	0.0	0	0.0	0	0.0
Supportive	0	0.0	0	0.0	0	0.0	0	0.0
Very Supportive	9	100.0	4	100.0	3	100.0	6	100.0
Prosecutor								
Unsupportive	1	11.1	2	50.0	0	0.0	0	0.0
Neutral	2	22.2	1	25.0	0	0.0	1	20.0
Supportive	0	0.0	0	0.0	0	0.0	0	0.0
Very Supportive	6	66.7	1	25.0	3	100.0	4	80.0
Public Defender								
Unsupportive	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	3	33.3	3	75.0	0	0.0	1	20.0
Supportive	4	44.4	0	0.0	1	33.3	0	0.0
Very Supportive	2	22.2	1	25.0	2	66.7	4	80.0
Probation								
Unsupportive	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	1	12.5	0	0.0	0	0.0	1	16.7
Supportive	2	25.0	0	0.0	0	0.0	1	16.7
Very Supportive	5	62.5	4	100.0	3	100.0	4	66.7
Treatment Provider								
Unsupportive	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	1	11.1	0	0.0	0	0.0	0	0.0
Supportive	1	11.1	0	0.0	1	33.3	0	0.0
Very Supportive	7	77.8	3	100.0	2	66.7	6	100.0
Community								
Unsupportive	0	0.0	0	0.0	1	33.3	0	0.0
Neutral	4	44.4	2	50.0	0	0.0	3	50.0
Supportive	4	44.4	2	50.0	2	66.7	3	50.0
Very Supportive	1	11.1	0	0.0	0	0.0	0	0.0

Finally, as indicated in Table 12, the courts were asked to rate the level of cooperation between the drug court and various agencies. As seen in Table 12, the

majority of courts in all of the groups felt the law enforcement agencies cooperated with the court. Several courts, however, did rate the cooperation among law enforcement as neutral. With regard to district court, the clear majority indicated that they are satisfied or very satisfied with the level of cooperation received. Two courts (one juvenile one adult) did report being unsatisfied with the level of cooperation received by state probation; however, the majority appears satisfied or very satisfied. No court cited being unsatisfied with juvenile probation; in fact, the majority of the adult courts are very satisfied with their exposure with juvenile probation and 83 percent of the juvenile courts report being satisfied or very satisfied.

The majority of the courts in both groups are very satisfied with the treatment provider as well. However, a few courts felt dissatisfied with jail personnel and their level of cooperation with the court; one felony court cited they were unsatisfied. Again, it should be noted that the majority indicated that they are satisfied or very satisfied with the level of cooperation. A slightly higher number cited feeling neutral or being unsatisfied with the level of cooperation from vocational services. Finally, nearly 100 percent of the courts report that they are satisfied or very satisfied with the Supreme Court.

Finally, courts were asked how effectively the drug court team works together to manage the drug court and its participants. While one felony court did note that they were somewhat ineffective, again the vast majority felt the team worked well together.

Table 12. Frequency and percentage distribution of satisfactions with team members by adult and juvenile courts.

Characteristic	Felony		Misd.		DUI		Juvenile	
	N	%	N	%	N	%	N	%
Satisfaction with Cooperation among:								
Law Enforcement								
Very unsatisfied	1	11.1	0	0.0	0	0.0	0	0.0
Unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	2	22.2	2	50.0	0	0.0	2	33.3
Satisfied	4	44.4	1	25.0	1	33.3	3	50.0
Very Satisfied	2	22.2	1	25.0	2	66.7	1	16.7
District Court								
Very unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	2	22.2	0	0.0	0	0.0	1	16.7
Satisfied	2	22.2	0	0.0	1	33.3	3	50.0
Very Satisfied	5	55.6	4	100.0	2	66.7	2	33.3
County Probation								
Very unsatisfied	1	12.5	0	0.0	0	0.0	0	0.0
Unsatisfied	0	0.0	0	0.0	0	0.0	1	33.3
Neutral	1	12.5	0	0.0	0	0.0	0	0.0
Satisfied	3	37.5	0	0.0	1	33.3	2	66.7
Very Satisfied	3	37.5	4	100.0	2	66.7	0	0.0
State Probation								
Very unsatisfied	1	11.1	0	0.0	0	0.0	1	33.3
Unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	0	0.0	0	0.0	1	50.0	1	33.3
Satisfied	4	44.4	0	0.0	0	0.0	1	33.3
Very Satisfied	4	44.4	4	100.0	1	50.0	0	0.0
Juvenile Probation								
Very unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	2	40.0	0	0.0	0	0.0	1	16.7
Satisfied	1	20.0	0	0.0	1	50.0	3	50.0
Very Satisfied	2	40.0	3	100.0	1	50.0	2	33.3

Table 12. Frequency and percentage distribution of satisfaction with team members by adult and juvenile courts.

Characteristic	Felony		Misd.		DUI		Juvenile	
	N	%	N	%	N	%	N	%
Satisfaction with Cooperation among:								
Treatment Providers								
Very unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	2	22.2	0	0.0	1	33.3	0	0.0
Satisfied	2	22.2	1	25.0	1	33.3	4	66.7
Very Satisfied	5	55.6	3	75.0	1	33.3	2	33.3
Jail Personnel								
Very unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Unsatisfied	1	11.1	0	0.0	0	0.0	0	0.0
Neutral	0	0.0	0	0.0	1	33.3	2	33.3
Satisfied	2	22.2	0	0.0	0	0.0	2	33.3
Very Satisfied	6	66.7	4	100.0	2	66.7	2	33.3
Vocational Services								
Very unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Unsatisfied	0	0.0	0	0.0	1	33.3	1	16.7
Neutral	5	55.6	2	20.0	1	33.3	1	16.7
Satisfied	3	33.3	1	25.0	0	0.0	3	50.0
Very Satisfied	1	11.1	1	25.0	1	33.3	1	16.7
Supreme Court								
Very unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Unsatisfied	0	0.0	0	0.0	0	0.0	0	0.0
Neutral	0	0.0	0	0.0	1	33.3	0	0.0
Satisfied	3	33.3	0	0.0	0	0.0	3	50.0
Very Satisfied	6	66.7	4	100.0	2	66.7	3	50.0
How effectively does the team work together								
Very ineffective	0	0.0	0	0.0	0	0.0	0	0.0
Somewhat ineffective	1	11.1	0	0.0	0	0.0	0	0.0
Neutral	0	0.0	0	0.0	0	0.0	0	0.0
Somewhat effective	3	33.3	2	50.0	1	33.3	3	50.0
Very effective	5	55.6	2	50.0	2	66.7	3	50.0

Section V - Qualitative Results

The courts were asked to answer several questions pertaining to their system and operations. They were also asked to indicate problems or issues faced by the courts. The following tables illustrate a summary of the open-ended questions asked of the courts.

Question	Answer
Improvements made since inception of court	<ul style="list-style-type: none"> *Our own treatment center *Ability to function as a team *Better incentives for participants *Mental Health Services *Having a dedicated probation officer *Hired drug court officers to do random drug tests, home visits, and curfew checks *More emphasis on aftercare piece-treatment mandatory, alumni assoc. participation *We have hired a non-networking treatment provider and yearly and RFI is sent out so treatment providers are able to bid for the contract. This allows the drug court team an opportunity to monitor the treatment providers more carefully. We have also organized a steering committee that consists of our local businesses. Quarterly, we have a luncheon and invite his committee so we can exchange ideas about using community resources. Our County Commissioners, Prosecutors, and Judges also attend these luncheons. We have had some of our drug court participants speak to inform the committee of their drug court experience. * Use treatment based recommendations * Drug Court Tech. Was hired to assist us with the drug testing. From the beginning, felony probation refused to conduct drug testing on the Drug court participants so our misdemeanor probation officer accepted the responsibility to perform all drug testing for felony and misdemeanor drug court participants. the task quickly became overwhelming. Adding the tech was a significant positive change. Our first Tech was a misdemeanor drug court graduate who stayed with us until being hired full-time by Court and Clinical, the juvenile probation department. * Mental health counselor from H&W now part of core team and client staffings * Changed treatment providers-treatment is now Functional Family Therapy

	<ul style="list-style-type: none"> * Random UA's * Improvement on graduated sanctions and rewards. * Coordinator full time, sec. Part time * DUI court staff has attended training by the National Drug Court Institute and the Idaho Drug Court Institute, which has improved the entire DUI Court Program, including an improved understanding of alcoholism and the drug court team process, to help participants to progress in the program. * We aren't terminating as quickly as we did in the beginning * Have part-time drug tester for males * We have instituted many pro-social programs that juvenile are required to attend outside of the treatment setting. * Treatment has been a moving target; however, we have tried to make the changes seamless while enhancing treatments for the participants. Specifically, we have increased the number of group hours, added CSC (and will be adding MRT), added a clinical monthly staffing for treatment, probation and the coordinator. * Definite and purposeful support of a cognitive behavioral approach with CSC, MRT, Stages of Change as critical phase components *Developed better intake procedures *Developed aftercare * Revisions in the screening/entry process of DUI court, to increase fairness and consistency to all eligible defendants, and to make it a smoother process for all. *We hired a Drug Court Clinical Quality Manager to assist us in developing the best treatment approaches and overseeing the quality of our treatment. The Clinical Quality Manager facilitates a monthly "What Works" meeting to address treatment issues in our region. Those attending include management and staff from probation and treatment providers, Drug Court Coordinators, and the Trial Court Administrator. This has been a major factor in developing congruency and for the improvement of treatment. * Home visits at night by law enforcement * Assessing fit of client to treatment provider within Phase I/Phase II * Drug testing (oral, patch, hair, urine, BAC)
Remaining obstacles facing drug court	<ul style="list-style-type: none"> * Not enough time to do it all-high amounts of data collection (now all by hand for the Supreme Court), and continued increase in what needs to be collected vs. what we collect/different formats. * Court space

	<ul style="list-style-type: none"> *Communication among team members *Not enough inpatient beds for treatment. * Community perception that Drug Court is an easy out for "druggies" * Although our Commissioners are very supportive we have not hired any additional personnel since the inception of our drug courts that limits the time we are able to dedicate to drug court. Our County does not have community based specialized treatment programs such as inpatient, halfway houses, women and children's programs and our AA. Community is not as dedicated as we would like. * Effective DUI testing * Currently we are in the process of treatment contract negotiations. While it is not necessary a barrier, it is time consuming and exhausting. The Misdemeanor Drug court has had difficulty maintaining capacity. The database seems a bit unyielding. * Lack of peer support for our Judge, PA, PD to give relief or back-up * Weak service plans in later phases-not meeting needs of clients after they get clean and sober * Pro-social activities for youth in a small community. Getting them involved with new peers and positive influences * Lack of funding to enter participants *Applying policies and procedures consistently * Lack of treatment funding for all DUI court participants * The public defender is taking the position that every client is entitled to a full-blown OSC hearing prior to a termination. They are doing research in this area. Some of the deputy public defenders are adamantly against drug court and therefore do not recommend it to their clients. * Transportation for participants and parents to DC * Most of our clients, using the ASAM, indicate a need for inpatient. At the beginning of our Drug Court, we were functioning with a counselor doing intensive outpatient twice a week. Unfortunately, our counselor is now available once a week. * The amount of paper work *Referral process * Continued growth of program- we don't just have 125 in the program, but 177 grads-many of who are very active and no funding for this * Dental services * High case loads so supervision isn't intense enough.
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	<ul style="list-style-type: none"> * Lack of employment opportunities * Dual diagnosis participants * Some indicators of burnout with original Core Team members * Changing staff * Number of participants is down * Lack of commitment from IDOC * Suspension of driving privileges * Lack of alumni group * Lack of support staff for Coordinator with increased demand for data collection, report responsibilities and additional Court * Ongoing training * Need de-tox facility, housing, transportation * The challenge to maintain the DUI court staff and to keep staff from being "burned out" * Would also like to have a better way of screening persons in or out of the program * Participants with borderline personality disorder * Not enough money in budget to fund additional help to do assessments. * Coordination across the district of Juvenile Drug Court
What Aspects of the court would you like to change?	<ul style="list-style-type: none"> * More staff * More concentration on case management * More commitment from Dept. of Corrections * More community supervision * More frequent court appearances * Better data tracking-ISTARS in both centers and better reports on it * Formal alumni program with full time staff support * Criteria have always been one area that our Team has struggled with. Specifically dealing with disqualifying clients with prior batteries. I feel that the D/C team should have discretion when dealing with these types of charges. We have to turn down many potential clients that could really benefit from the Drug Court experience based on a one-time offense that in many cases does not have any bearing on their ability to be successful in programming. * One probation officer for all drug court participants.

	<ul style="list-style-type: none"> *Wish the State had more levels of treatment available *Have more of a team approach in our program. * Continue to improve client compliance with Drug Court expectations and roles (not to enforce criminal thinking) * Revising Policy and Procedure manual and Drug Court Waiver and Agreement orders. * Aside from the treatment contracts, revising the handbook and writing a policy manual are priorities. We need to refine the admissions process and meetings are schedule to address that change, termination policy needs to be better defined and our rewards/sanctions need to be improved. * Would like to see development of a misdemeanor DUI Court as many second and third DUI's are reduced to the misdemeanor level. If we could dialogue with PA's office to keep these at felony level, then I would like to see a felony DUI Court * Team meetings-both at the local county level and as a district * Shorter pre-court meetings (discuss problem cases only) * More frequent/better communication between treatment providers and team, probation officers, and team * All clients need access to CSC/other cognitive classes * More positive reinforcement in court * Easy access training for private defense attorneys who have clients in D.C. * Clear guidelines for phases-promotions, graduations, etc. (point system?) * Add components to screening process: mental health, physical health (esp. HIV/HepC testing) * Better system of financing rather than making clients pay 5% * More activities (pro-social for youth to participate in, but requires more money for activities and personnel to supervise. * After two and a half years of operation, we have changed or modified most aspects of the program, to where we now have a solid program, which better suits the needs of DUI court participants. There will most likely be other changes, as the program continues to grow, and to maintain compliance with necessary requirements. * I'd like to have more funding available for use with the alumni group. * Have treatment provider be more available for individual treatment and family counseling * Our treatment availability * Better tracking system * Increase number of participants
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	<ul style="list-style-type: none"> * Motivation of participants * Ability to increase the number of felony participants restricted by number on probation officer's caseload.
What does your team need to function more effectively?	<ul style="list-style-type: none"> * More time to spend together as a team. * Communication among team * Training * There's a difference in philosophy in reference to sanctions and enabling. * We need more of a team approach. We do not have a prosecutor or public defender involved in our program. We also just give recommendations to the judge and he decides the rewards or sanctions * Cooperation and buy-in from law enforcement * More involvement from Defense Attorneys * More time to devote to Drug Court with more time together as a team (we currently meet once a week for one hour then do court every other Tuesday). More training as a team. Full time coordinator with benefits. * Continued training in substance abuse/effective treatment/LSI/ and criminogenic issues * Team building skills and ongoing training * We aren't getting many referrals and those we do aren't appropriate. Drug Court is being used as a last-minute resource to keep someone from being sentenced instead of an immediate resource to get someone into treatment. I think law enforcement and prosecutors are still wary of drug court as an "easy out". They need help and training and staff to supervise UA's. Probation and Parole is difficult to work with because he doesn't seem to understand his role on the D.C. team very well. He sets an early curfew on the clients and they rebel at the heavy-handedness of his management. Our judge is new supportive and enthusiastic, but has never been to a D.C. training (except one day at ICADD). P&P has one officer-spread thin, only visits once in a while, has almost no communication with D.C. coordinator, difficult to reach, and difficult to work with. Clients aren't getting (or maybe they are and I just don't know about it?) home visits, curfew checks, etc. Management is left to addiction counselors and it is creating conflict in professional focus. Police resent the Drug Court but Sheriff is big supporter-important member of the team. The team meetings take too long (2 hours). Judge X requires all private defense attorneys to attend (and both the public defenders) so lawyers come and go (then sit outside in the hall and wait) as different clients are discussed. Every client is discussed at every meeting. We could really use a case manager in all the counties. Law Enforcement-the sheriff and deputies will have nothing to do with Drug Court but the Police Dept. is great

	<p>to work with. We get rather poor support from the public defender. He doesn't seem to believe in its principles. He sometimes doesn't come to court, or comes late. Most clients find him inaccessible and he won't attend any D.C. trainings. We have good support from P&P, law enforcement, and Judge X so we do okay by just working around him instead of with him. He rarely communicates with me.</p> <ul style="list-style-type: none"> * Need more training on the functions of the drug court team and roles within it. * More time to get together and discuss participants and issues that arise. Although the team meets every week an hour before DUI court, and meets at a lunch meeting once a month, this is sometime not enough time to deal with all issues that come up. Because of the inherent problem of varying work schedules, we will continue to work on this issue. When the team meets, it is effective in working together to manage DUI court and its participants. * Funding to attend national drug court training would be beneficial. * Money to provide the service needed, more state program with our community * Better communication, and for everyone to fill their responsibilities, more hours in the day.
What support would you like from the Supreme Court?	<ul style="list-style-type: none"> *Workshops. You've been great. You are always there to help when I have questions. *Funding, confidence in our ability to do treatment/continue operating our drug (court?) as we have with H&W interference. * Any assistance with training or informational opportunities would be greatly appreciated. Thank you for this opportunity for me to share with you about the ACJDC Program. * Funding for an assistant. * I would like a copy of guidelines that we are supposed to be following in juvenile drug court, if there is one. * I would request the Supreme Court give more consideration to misdemeanor drug courts. Money is used more for specialized treatment such as inpatient for felony drug court. Also because of tight county budgets we are not able to provide enough training for drug court judges. Any available funds would be a big help. * Continued monetary support (an increase in funding would be great!) More training. * Norma Jaeger is a tremendous source of support and information. She is extremely knowledgeable about chemical dependency, the relationship between Corrections and Health and Welfare, readily available to answer questions and always willing to assist and develop improvements for drug court. She has been a wonderful asset. Reducing data collection and improving or implementing connectivity to ISTARS for State Probation and treatment providers would be very helpful. Just keep the money coming!

	<p>* Reigning in the ISTARS Drug Court Program. I feel there are capabilities of the program that we are not utilizing. In District 3, we have received timely responses and helpful information whenever we have requested help from ISC. My main problem is the time crunch and desperately need a full time support person. I also believe Coordinator's are underpaid for the multi-talk work we are asked to do. A raise would be nice</p> <p>* Continued training, funding for Juvenile Drug Courts and assistance with ISTARS having the ability to track information pertinent to Juvenile Drug Court.</p> <p>* Continued UA testing, funding for some activities to involve kids in pro-social activities.</p> <p>* More training, funding for more participants, funding for training.</p> <p>* Funding assistance for the program and for treatment, and clerical assistance for the ISTARS Module. Also, a review on the necessity of the requirement to conduct the LSI for misdemeanor DUI offenders, and the funds to purchase the LSI, if required.</p> <p>* It is very nice to have an efficient statewide coordinator. This resource has been very helpful in many instances. Sometimes team members refuse to listen to staff members in their own jurisdiction, but they'll listen to outsiders with experience in this area. The Supreme Court has also been very supportive in obtaining funding to institutionalize drug courts statewide. I'm not sure our court would have survived without this. Although the county is very supportive, funding can be very difficult to allocate for services such as drug court. I can't think of anything additional needed at this time.</p> <p>* Besides money, some way to get the kids out of the home of parents that use, but don't have any charges/probation to monitor them. In the small community, it isn't always possible to put a child with a family member or have another avenue to go that we could help them.</p> <p>* Increase the substance abuse and treatment counseling budget.</p> <p>* Monies for mental health issues, a state grant for test equipment.</p> <p>* A case management/data collection system that works, and ability to generate reports from what is placed into the database. CONNECTIVITY BETWEEN COUNTIES! Continue listening and lending support as needed.</p>
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Section VI- Summary

This report is designed to provide a detailed description of 22 drug courts operating across Idaho. The survey results are categorized into three parts

- Description of background characteristics, assessment information, exclusionary criteria, and court components of each responding court.
- Description coordinator characteristics, process factors, changes, level of support, and cooperation by court type (e.g., adult & juvenile).
- Portrayal of the court's responses to open ended questions.

Summary Individual Court Data

The courts under study began at differing periods of time over a period of five years. The youngest court under study began in January 2003 and the oldest in October of 1998. The number of graduates differs substantially by court. We calculated a graduation rate to illustrate the percentage of participants the court graduates. Ten of the courts graduate over 50 percent of the clients with a mean rate of 61 percent. Of the remaining courts, eleven have graduation rates under 50 percent with a mean rate of 29.7 percent. According to a national study completed by Belenko (2001), the average graduation rate among participants was 47 percent with a low of 36 percent to a high of 60 percent. The evaluation was based on eight courts reporting graduation rates; however, it does seem to reflect the state of affairs in Idaho. Less than 50 percent of the courts are currently using ISTARS to enter their cases. This is a concern for future outcome evaluations, as data will be needed to answer effectiveness questions.

Courts reported that they are using a variety of assessment tools. The clear majority utilizes the Level of Service Inventory-Revised risk and need tool. Other tools

listed by courts include ASI, SASSI, ASAM, TCU Drug, MAST, Socrates, and MMPI. The exclusions listed by courts included violence, sex offenses, and mental illness; several of the courts used all three.

The range of time spent in the program by successful and unsuccessful participants differed. Unsuccessful participants typically failed fairly quickly, among the courts reporting, unsuccessful participants usually drop out after approximately seven months. Successful participants, however, typically remain in the program an average of 14 months.

When asked about rewards and consequences, almost all of the courts reported using rewards but only 12 courts felt they had a clear outline delineating rewards and consequences for specific behaviors. All of the courts, however, use graduated sanctions. Courts reported several techniques for monitoring participants ranging from drug testing to home visits. However, fewer courts have drug testing available on weekends, electronic monitoring or frequent checks with employers.

Summary of Aggregate Court Data

The data were also recorded by court type (e.g., adult vs. juvenile). According to the findings, court coordinators do seem educated and experienced, although there was some disparity between adult and juvenile courts.

With regard to assessment information, a majority of participants in all of the courts assess participants with a risk need tool; however with the exception of the two DUI courts, significantly fewer participants are reassessed with the LSI-R. Related to this, a several courts reported feeling neutral or concerned when asked whether the

assessment process was adequate. This finding is of particular concern because the reassessment process is so integral to the effective rehabilitation of offenders.

When asked whether the courts adhered to eligibility or exclusionary criteria, the majority of the courts indicated that they did most of the time, however, only 33 percent of the DUI courts responded that they adhere to the criteria completely. Related, while 70 percent of the felony courts and 67 percent of the juvenile courts report completely adhering to their exclusionary criteria, the majority of the misdemeanor and DUI courts report they do most of the time.

When asked how about the adequacy of the consequences, rewards, and systems of monitoring, some courts (roughly 20-30%) indicated they felt neutral. While it is important to note that the majority felt each was adequate, it is unclear why some felt that their system was not adequate.

Funding represents a significant concern for the courts. When asked whether they felt the funding was adequate and/or secure, several courts expressed discontent. Seventy-five percent of the misdemeanor courts felt the funding was inadequate and very insecure. All of the courts, however, expressed some concern over whether they would receive adequate funding in the future to sustain their drug court programs. This finding is also mirrored in the qualitative results in the next section.

Courts were also concerned about the availability and quality of treatment. Concerns voiced included a lack of funding for treatment, staff turnover, need for more intensive services and services for women, the consistency of treatment, and staff training. Courts were also asked whether they have experienced negative changes, one area that did arise is again with regard to funding.

Several areas of concern emerged with regard to the team. Several courts indicated that they felt the prosecutor, the public defender, and community support was problematic. Finally, courts were asked to rate the level of cooperation among team members. While no one group was seen as overwhelmingly uncooperative, concern was noted in the regards to law enforcement personnel, probation, jail personnel, and vocational services.

Summary of Qualitative Results

Courts were also asked several open-ended questions. Specifically, what remaining obstacles the courts still faced and what helped they needed from the Supreme Court. Select issues that emerged included, time and energy to collect the necessary data, lack of inpatient treatment beds, need for more staff and staff attrition, need for aftercare services, community perceptions, weak service plans for offenders as they progress through treatment, funding, unsupportive public defenders, paperwork demands, lack of employment opportunities, mental health treatment availability, commitment from the Department of Corrections.

When asked what aspects of the courts would like to be changed they indicated, staff, more community supervision, increase in the frequency of court appearances, better tracking in ISTARS, adhering to exclusionary criteria, creating a team approach towards client needs, revision of policy and procedures manual, increase in the positive reinforcement of participants, development of clear guidelines for phase promotion, graduations, development of an alumni group, and increase the number of participants.

When asked what the team needs to function more effectively, courts answered: training, increase in communication and collaboration of team members, education

(training) in areas of substance abuse, assessment and treatment, better cooperation from law enforcement, more staff, and funding for national trainings and workshops.

Finally, the courts were asked to provide what they would like from the Supreme Court. Remaining issues to emerge were: funding in the areas of staff and treatment, training, reduced data collection, more consideration to misdemeanor drug courts, and connectivity between counties.

VII - Recommendations

This report is intended to provide a picture of a drug court operating in Idaho. Data collected include process factors, the components, and current issues and concerns facing the court. The second phase will detail the court's target populations and profile the participants under study (e.g., demographics, assessment information, treatment exposure, etc). These reports will build upon one another. In other words, this report as well as the second part of the process evaluation findings will be used to describe Idaho's drug courts in detail. The process evaluation findings will also be used in the outcome evaluation. The findings will be used to explain success and failure among drug court participants and between courts. For example, we will identify which factors are more likely to be present in an individual who graduates from the drug court in contrast to the individual who is terminated. Factors that will be of particular relevance are social demographics (e.g., gender, race, marital status, education, etc), assessment information (e.g., risk level and needs, especially in regard to substance abuse severity), treatment information (e.g., what type of treatment did they receive, how often, for how long, etc), violation information/drug testing, and satisfaction with the process and team members.

Based on the survey results, there are several recommendations that warrant discussion. First, findings from this survey seem to indicate that data for future evaluation may be difficult to obtain. Only 12 of the 23 courts surveyed are currently using the ISTARs system and only two of the courts report having 100 percent of the data entered. Having data is a critical aspect to this evaluation. The data collection form and the ISTARs system were developed in order to standardize the data collection effort. To make comparisons between and within courts, it is imperative for each of the courts to be collecting similar data. It will limit the evaluation to simply report findings from each court without a mechanism for aggregating this data by court type (e.g., adult vs. juvenile).

On a related issue, data on comparison group members is equally important. Being able to make comparison between participants and comparison group members is crucial to answering the question of whether drug courts are effective. We can compare drug court graduation, recidivism, and retention rates within participants, however, comparison group data allows us to control for the exposure to drug court services. Data pertaining to social demographics, assessment, and treatment exposure should be collected as the factors are of particular relevance to understanding outcomes (e.g., recidivism). While courts were not asked on the survey whether they are identifying possible comparison group cases, this has in past been raised an important issue.

Second, court should be reassessing participants with the LSI. Although the majority of courts are using the instrument, very few courts appear to be utilizing it to its full potential. The reassessment results should be an integral part of the service plan. As offenders progress through treatment, their risk and needs change. The changes

documented in the assessment process should be used to update or modify the treatment or service plans. These results should also be used in aftercare planning and relapse prevention. Without these results, it is unclear whether participants are receiving services matched to their needs.

Third, the graduation rate of several of the courts is a concern. Eleven of the courts surveyed have rates below 50 percent, and 5 of those courts have rates below 30 percent. The importance of retaining clients in treatment can not be overstated. Research has consistently shown that graduates of drug court programs outperform both drop outs (as expected) but also comparison group members. If the courts are finding that their participants are too difficult to manage or that the services available are not sufficiently intense, the courts should consider either changing their eligibility criteria or offering different services. Services that appropriately matched to an individual's risk level and areas of need are more effective. Again, we are unable to tell "who" and "why" from the survey results, thus, courts with low graduation rates (e.g., below 30-40%) should study their participants in terms of risk level and needs to determine whether the court is targeting the appropriate population.

Fourth, the offenders risk and needs should be reassessed to determine whether the appropriate services have been provided. Moreover, the intensity and duration should not be fixed but dependent on the risk and needs of the offenders. The finding that nearly 60 percent of the adult courts and 40 of the juvenile courts are reassessing 25 percent of less of their participants indicates that treatment is not being matched appropriately to an individual's risk and needs. This reassessment information should be an integral part of

the participant's service plan and should be used to determine treatment intensity throughout the duration of services.

Fifth, while most of the courts report that they use rewards and consequences, only half report that there is a clear outline of how these are tied to behaviors (both positive and negative). Drug courts have the opportunity to increase the effectiveness of treatment by using rewards and punishers. The consistent application and awareness of rewards and consequences are key to developing an offender's ability to understand how their behavior affects consequences in their environment. Behaviors that are reinforced are more likely to be repeated and behaviors followed by a negative consequence are likely to be extinguished. A clear outline of rewards and consequences that will be consistently applied to behavior is crucial step to increasing the likelihood of behavioral change.

Sixth, adhering to exclusions and eligibility criteria is also an important component. Courts should modify or amend their criteria as needed. Many courts develop these criteria during the planning stages based on the population they might be serving. In many cases, the reality of whom they serve may be very different. If the courts are consistently finding that they are over-riding the eligibility and exclusionary criteria when screening participants, the team should consider modifying the criteria. Courts should use the criteria as one factor in determining what services are needed. By not consistently following eligibility and exclusionary criteria, courts cannot be certain that the services available will match the needs of the participants.

Seventh, the finding regarding the quality of treatment services is of particular concern. While the majority did indicate that the services are good, approximately 20 to

30 percent of the adult and juvenile courts indicated the overall services available in their community as fair or poor. More importantly, over 60 percent of the adult and juvenile courts rated their current services as fair or poor. Respondents cite funding issues, lack of specialized services (e.g., women and children), lack of consistency and accountability, lack of staff training, and staff attrition as problems facing treatment providers. Drug courts must monitor their treatment referrals and hold them accountable for providing effective treatment services. This can include developing a system to of monitoring to ensure quality of services and service delivery. Courts cannot assume that the local treatment programs are meeting the principles of effective intervention or are consistently delivering quality treatment and services.

In the event that an effective treatment model is adopted, programs must be aware of the quality of the implementation and the existence of appropriate skilled and trained staff members. Too often programs are unable to articulate the program design or the type of services offered. In this instance it is extremely difficult for evaluations to isolate the components that led to success or failure. Program should have a system in place for both internal evaluations of staff on service delivery as well as external evaluations of program outcome.

Eighth, the issue of funding was raised on several occasions by respondents. The courts expressed a need for funding for treatment services, staff, drug testing and monitoring. All criminal justice agencies are faced with fiscal constraints and this situation does not seem to be changing anytime soon. Each court must attempt to prioritize the needs of the court and balance that with the need of the participants. Over worked staff can be as detrimental to the effectiveness of the court as problems with

service availability. Courts should also consider whether they are attempting to serve too many clients. Reducing caseloads in an effort to increase quality may be seen as more beneficial than treating a large quantity.

Ninth, support and cooperation among certain team members is a concern among several courts. One of the unique aspects of the drug court model is the collaboration among the drug court team. Collaboration is important given effective leadership and communication facilitates the infrastructure needed for effective programming. While it is recognized that prosecutors and defense attorney's may disagree at certain points in the process, the drug court model demands that everyone work together for the common good of the participant. The collaborative approach is not only useful for the participant as the system strives to rehabilitate the offender but also for the court itself. A team that does not work together frequently spends more time with administrative dilemmas and less on service delivery.

Finally, open ended questions the concerns raised in the previous recommendations were further clarified. The desire to be more of a team was mentioned by several courts in the areas in need of improvement section. Involvement in status review hearings and drug court team meetings provides the opportunity for team members to understand not only the needs of the client but also the treatment services being delivered. These meetings should also be informed of findings from assessments and reassessments, as well as information regarding treatment progress and the treatment being provided. Moreover, regular involvement in these activities allows team members to discuss problem areas regarding clients in addition to determining which clients should be rewarded for their behavior. This seamless approach to treatment will help ensure the

program is being delivered appropriately and the offender's needs are being met. In other words, many of the above mentioned problems could and should be addressed in the team meetings.

It appears that the drug courts under study are dedicated to providing the best possible framework and services for the offenders. With careful attention to such factors as eligibility, exclusions, and assessment results courts should be able to improve their service delivery, matching, and intensity. Attention to these issues should also have a positive outcome on retention rates. Future evaluations will delineate how well the courts are reaching their intended goals and identify factors related to outcome as these courts continue to evolve.